

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$71.00 for date of service 06/29/01.
- b. The request was received on 05/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA
 - c. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. TWCC 62 form
 - b. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/02/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 08/02/02. The response from the insurance carrier was received in the Division on 08/15/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The Requestor did not submit a position statement.
2. Respondent: The Carrier did not submit a position statement.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/29/01.
- The denial codes listed on the EOB are “COD1-F-T,N-DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE’S VALUE PER RULE 133.301(B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/29/01	99214	\$71.00	\$0.00	T-F-N	\$71.00	MFG E/M (IV)(C)(2); CPT descriptor	<p>“Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity.”</p> <p>The medical documentation does contain a detailed history, a detailed examination and medical decision making of moderate complexity. The medical documentation meets or exceeds at least two of the three key components required by the CPT descriptor. Therefore, reimbursement is recommended in the amount of \$71.00.</p>
Totals		\$71.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$71.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of November 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb